British Columbia's Children's Hospital

THE UNIVERSITY OF BRITISH COLUMBIA

Research Subject Information and Consent Form

Protocol Title: Fecal Calprotectin in Monitoring Inflammation in Asymptomatic Pediatric Crohn's Disease Patients

(A Stool Test to Help Detect Worsening of Crohn's Disease in Children)

Principal Investigator: Dr. Kevan Jacobson, MBBCh, FRCPC, FACP, AGAF
Professor of Pediatrics,
Department of Pediatrics, University of British Columbia
Gastroenterologist
British Columbia's Children's Hospital
Phone: 604-875-2322

Co-Investigators: Dr. Alice Foster
Dr Matthew Smyth
Dr Alam Lakani
Dr. Benjamin Jung
Dr. Rollin Brand

Emergency Contact:
For any emergency related to your inflammatory bowel disease or related to the current study, please contact the paging service at 604-875-2161 and ask to have the Gastroenterologist on call paged. This service is available 24 hours a day, 7 days a week.

INTRODUCTION

You ("you" refers to you, your child, or your ward) are invited to participate in a medical research study because you have Crohn's Disease. Crohn's Disease is a chronic condition that causes diarrhea and abdominal pain. This study is being done to evaluate the current standard blood test that is used to monitor your disease activity, and to determine if a stool test and heart beat recording may also be helpful.

YOUR PARTICIPATION IS VOLUNTARY

Your participation is entirely voluntary, so it is up to you to decide whether or not to take part in this study. Before you decide, it is important for you to clearly understand its requirements, risks and benefits. This consent form will tell you about the study, why the research is being done, what will happen to you during the study and the possible benefits, risks and discomforts.

If you wish to participate, you will be asked to sign this form and a signed and dated copy will be given to you. If you do decide to take part in this study, you are still free to withdraw at any time and without giving any reasons for your decision.

If you do not wish to participate, you do not have to provide any reason for your decision not to participate nor will you lose the benefit of any medical care to which you are entitled or are presently receiving.

This study design has been reviewed and accepted by the Clinical Research Ethics Board (CREB) of the University of British Columbia for research purposes. **It is the ethics boards' duty to ensure that all research projects reviewed by them are performed safely and if new information comes to light study subjects are informed appropriately.** The board aims to help protect the rights of research subjects.

Please take the time to read the following information carefully and to discuss it with your family, friends, and doctor before you decide.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to evaluate the current methods used in monitoring your Crohn's Disease and detecting the underlying disease activity level. We currently look for inflammation by following closely any changes that we may see in your blood work or any changes in your disease activity score (a score based upon your symptoms and blood work).

A newer test called calprotectin, as well as a test assessing the heart beat variation, can help determine if there is inflammation within the bowel. The calprotectin levels are measured from a stool sample. To assess heart beat variation we use an ECG test that records your heart beat by putting plastic stickers on your chest and neck. This study tries to determine if calprotectin levels and heart beat variation measurements can detect bowel inflammation when other tests are normal and the disease symptoms are absent or minimal. Currently, fecal calprotectin levels and heart beat variation are not being used in our ongoing monitoring of Crohn's Disease. While ECG tests have been in use for many years, using them to look at inflammation in Crohn's patients is a new application.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The study is being conducted at British Columbia's Children's Hospital (BCCH) on 50 patients. The primary investigator is Dr. Kevan Jacobson. The complete study will involve 3 collections of stool taken with 3 separate infliximab infusions along with recording your heart beat (time will vary depending on dosing interval for each patient). Depending on how you are feeling at the end of the 3 collections, you may be asked to give up to 3 additional samples. With each stool collection we will follow your routine pre-infusion blood work and disease symptoms, and will do so for a period of 6 months following the collection of the 3-6 stool samples.

WHO CAN PARTICIPATE IN THE STUDY?

Subjects between the ages of 6 to 18 years, who are diagnosed with Crohn's Disease, currently receiving infliximab infusions with a low disease activity score.

WHO SHOULD NOT PARTICIPATE IN THE STUDY?

You should not participate if you don't meet the participant requirements noted above.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

50 children with diagnosed Crohn's Disease will take part in this study.

WHAT DOES THE STUDY INVOLVE?

Participation in the study will involve collection of a stool sample up to 3 days prior to your infusion of infliximab, and will be repeated again prior to your next two infusions (a total of 3 collections). If you are willing, you may be asked to bring in up to 3 additional samples, depending on how you are feeling at the end of the study (totaling 6 samples) A plastic collection hat will be provided to collect the stool, along with instructions how to obtain and store the sample with the kit provided to you. The sample must be placed into a refrigerator and brought to the hospital with you on the day of your infliximab infusion. A GI research coordinator will meet you in the MDU at the time of your infliximab infusion to pick-up the sample from you. Also, while you are waiting to receive your infusions, we will record your heart beat for 15 minutes by putting the small plastic stickers on your neck and chest. This 15 minutes contains 5 minutes of relaxing (sitting quietly), then 5 minutes of effort (by squeezing a hand grip) and another 5 minutes of relaxing at the end. The routine blood work, physical exam and history will be done as usual at the time of your infusion. There are no "additional pokes" needed for this study.

Time to Participate: You will need to commit an extra 5 minutes for each stool sample; 5 minutes for sample collection (3-6 samples, so 15-30 extra minutes in total).

WHAT ARE THE RISKS OF THE STUDY?

There are no risks involved in the study.

WHAT ARE THE BENEFITS OF PARTICIPATING IN THIS STUDY?

There is no expected direct benefit to you from taking part in this study. This study will give us more information on the usefulness of fecal calprotectin and heart beat variation in detection of bowel inflammation. If we find these tests help us detect bowel inflammation earlier than blood work does, then in the future we may be able to make medication changes earlier, and better control patients' disease. Measurement of fecal calprotectin and heart beat variation may be simpler for patients as unlike blood work, they are not invasive tests.

WHAT ARE THE ALTERNATIVES TO THE STUDY PARTICIPATION?

If you choose not to participate in this study, your disease will continue to be monitored as per standard protocol with routine blood work and physician visits.

WHAT IF NEW INFORMATION BECOMES AVAILABLE THAT MAY AFFECT MY DECISION TO PARTICIPATE?

You will be told if new information arises during the research study that may affect your willingness to remain in the study, and you will be advised of this information.

WHAT HAPPENS IF YOU DECIDE TO WITHDRAW CONSENT TO PARTICIPATE?

Your participation in this research is entirely voluntary. You may withdraw from this study at any time. If you decide to enter the study and to withdraw at any time in the future without providing any reasons, there will be no penalty or loss of benefits to which you are otherwise entitled, and your future medical care will not be affected. You may also decide to participate in the fecal calprotectin component of the study, but not the ECG component..

The study doctor(s)/investigators may decide to discontinue the study at any time, or withdraw you from the study at any time, if they feel that it is not in your best interests.

If you choose to enter the study and then decide to withdraw at a later time, all data collected about you during your enrolment in the study will be retained for analysis. By law, this data cannot be destroyed.

WHAT HAPPENS IF SOMETHING GOES WRONG?

Signing this consent form in no way limits your (or your child's) legal rights against the sponsor, investigators, or anyone else.

WHAT WILL THE STUDY COST?

You will not incur any personal expenses as a result of participating in this study. You will not be paid for taking part in this study.

WILL TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?

Your confidentiality will be respected. No information that discloses your identity will be released or published without specific consent to the disclosure. However, research records and medical records identifying you may be inspected in the presence of the investigator or his or her designate by representatives of the UBC Research Ethics Board for the purpose of monitoring the research. However, no records which identify you by name or initials will be allowed to leave the investigators' offices.

You will be assigned a unique study number as a subject in this study. Only this number will be used on any research-related information collected about you during the course of this study, so that your identity [i.e. your name or any other information that could identify you] as a subject in this study will be kept confidential. Information that contains your identity will remain only with the Principal Investigator and/or designate. The list that matches your name to the unique study number that is used on

your research-related information will not be removed or released without your consent unless required by law.

Your rights to privacy are legally protected by federal and provincial laws that require safeguards to insure that your privacy is respected and also give you the right of access to the information about you that has been provided to the sponsor and, if need be, an opportunity to correct any errors in this information. Further details about these laws are available on request from your study doctor.

WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT THE STUDY DURING PARTICIPATION?

Should you have any questions or desire further information with respect this study, or if you experience any adverse effects, you should contact Dr. Kevan Jacobson or Dr. Alice Foster at 604-875-2332 or the Gastroenterologist on-call who may be reached at 604-875-2161 (24-hour hospital paging number).

WHO DO I CONTACT IF I HAVE ANY QUESTIONS OR CONCERNS ABOUT THE RIGHTS OF A SUBJECT DURING THE STUDY?

If you have any concerns about your rights as a research subject and/or your experiences while participating in this study, contact the Research Subjects Information Line in the University Of British Columbia Office Of Research Services at 604-822-8598, toll Free at 1-877-822-8598, or via email at RSIL@ors.ubc.ca.

SUMMARY AND SIGNATURES

I have been fully informed as to the procedures to be followed, including those which are investigational, and have been given a description of the discomforts, risks, and benefits to be expected and the appropriate alternative procedures. In signing this consent form, I agree to participate in this study and I understand that I am free to withdraw my consent without consequence to continuing care of myself/my child.

- I have read and understood the subject information and consent form
- I have had sufficient time to consider the information provided and to ask for advice if necessary
- I have had the opportunity to ask questions and have had satisfactory responses to my questions
- I understand that all of the information collected will be kept confidential and that the results will only be used for scientific objectives
- I understand that my child's participation in this study is voluntary and that I am completely free to refuse to participate or to withdraw from this study at any time without changing in any way the quality of care that we receive.
- I understand that I am not waiving any of our legal rights as a result of signing this consent form
- I understand that there is no guarantee that this study will provide any benefits to my child.
- I have read this form and I freely consent to participate in this study
- I have been told that I will receive a dated and signed copy of this form.

I do **not** wish to participate in the ECG, but would like to participate in the Fecal Calprotectin component of the study (please check box): ☐

___

The parents/guardians and the investigator are satisfied that the information contained in this consent form was explained to the child to the extent that he/she is able to understand it, and that all questions have been answered.

_____	_____	
Name of Subject (PRINT)	Signature	DATE
_____	_____	
Name of Parents/Guardians (PRINT)	Signature	DATE
_____	_____	
Principal Investigator or (PRINT) Designated Investigator	Signature	DATE